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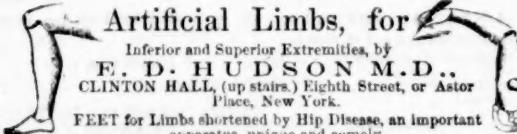
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## Original Lectures.

### LECTURES ON GUNSHOT INJURIES OF THE CHEST.

By FRANK H. HAMILTON, M.D.,

PROF. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED. COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR, U.S.A.

#### LECTURE IV.—PART III.

I PRESUME it happens in this way:—Occasionally the wound through the walls of the chest is oblique, or the muscles through which the missile has passed subsequently change their position, and thus a complete valve or diaphragm is formed, which effectually prevents the escape of air without, and turns it aside into the areolar tissue. It is observed, accordingly, that emphysema is much more likely to occur when the wound has been made through the larger muscles which cover the thorax, such as the pectoral, latissimus dorsi, the serratus major anticus, etc. It seldom occurs when the injury is received in portions of the chest less thickly covered; and it never occurs to any extent when the external wound is very large.

The symptoms which characterize traumatic emphysema are at first a very moderate and diffuse swelling in the vicinity of the wound, unaccompanied with pain or redness, but especially is it recognised by a peculiar crackling or crepitus when the finger is pressed gently upon the part. In most cases this emphysema is limited to the space of a few inches, and need cause no anxiety. Occasionally, however, it continues to extend, until the integuments in every part of the body, except the soles of the feet and the palms of the hands, are enormously distended, and all the original contour of the body is completely lost. Finally, the air may find its way into the mediastinal space, and even into the structure of the lungs, and cause death by actual suffocation. A very few such extreme examples have been recorded, but they are too rare to warrant a just apprehension of a similar result in any case. I have once, in a case of simple fracture, found the emphysema as low as the middle of the thighs, and involving the whole of the neck and head, with portions of the upper extremities, but there was no embarrassment in the respiration which could be properly traced to this cause. In all the other examples seen by me, the emphysema has not covered more than a few inches, or has at least not extended beyond the chest and lower part of the neck.

In no instance which has come under my notice has the emphysema demanded any treatment whatever. Ordinarily it has disappeared completely in from two to four weeks; and, in the case where the extravasation of air was most extensive, involving four fifths of the whole body, it disappeared in five or six weeks without either surgical or medical interference.

If, however, the symptoms become more alarming, it will be proper to enlarge the external opening, and to tap the integuments at various points of the body, and especially over those parts in which the pressure of the air is causing interference with vital functions.

Hernia of the lungs is a very rare accident, especially as the result of gunshot injuries. I have met with it once in the person of a soldier wounded at the battle of Fair Oaks. My attention was called to him the night after the second battle by one of the surgeons. He had been wounded by a ball on the left side of the thorax, I think a little below the nipple. The ball had not been found. He was lying upon the ground in a condition of considerable prostration. The hernia was about one inch in diameter, having escaped from an aperture which was very much smaller. It was completely strangulated, being quite black and insensible to the touch. We applied to the neck of the hernia a strong silk ligature, for the purpose of expediting its

destruction, and then made fast the ends of the ligature to the outer surface of the chest by adhesive plasters, to prevent the escape of the ligature within the cavity, in case the hernia should retire after it had sloughed. I saw this poor fellow the next morning lying in the same place. He had taken a little nourishment, such as we had to give him, and expressed himself as being comfortable, although he had lain without shelter two nights, and during each night he had been drenched with rain. In this respect he suffered, however, only in common with at least two thousand other wounded and dying men. Gentlemen, I must not omit this additional tribute to the bravery of these noble fellows. During all this time—and I was with them every moment both night and day—I never heard one cry of impatience or one murmur of complaint beyond that which was extorted by the agony of suffering.

When the wounded were sent down to the White House this boy was sent with them, and I have never seen or heard from him since.

There are two forms of hernia of the lungs: one occurring immediately or very soon after the accident, while the tegumentary wound is still open, and in which the protruded lung has no covering; the other being formed at a later period, after the external wound has cicatrized, and which is covered by fasciae, integument, and pleura.

The first of these, namely, that which takes place immediately or soon after the accident, is caused by the contraction of the walls of the chest before the lung has collapsed. It is most likely to happen, therefore, immediately upon the receipt of the injury, and especially if at this moment the patient attempts to cough, preceding which act the glottis is closed, and the walls of the chest are firmly contracted upon the air contained in the bronchial tubes. Adhesions favor the occurrence of hernia, provided they are a little remote from the seat of the wound; and it is more likely to occur when there is a small wound than when the wound is large, for the reason that in the latter case the prompt admission of air into the pleural cavity causes the lung to recede. It is much more common, therefore, to meet with hernia of the lungs in bayonet and in other punctured wounds than in gunshot wounds. Its existence also generally implies that the structure of the lungs is not wounded, but not certainly. Malgaigne even thinks that it is just as likely to occur when the lung has collapsed. The vascularity of the lung is such that, when strangulated, it assumes speedily a dark purple color, and, possessing but little sensibility, its condition leads at once to a suspicion that it is actually dead, while its vitality may be only slightly impaired. Its death can only be affirmed when sensibility in the mass is completely lost, when its purple or brown color has changed to black or grey, and its tissue is softened by the commencement of the process of disintegration.

The occurrence of a hernia of the lung, accompanied with strangulation, may be regarded as a serious accident, since it is scarcely possible that the inflammation will not be propagated from this point to other portions of the lung; but on the other hand, if properly treated, the patient is by this accident made secure against a collapse of the lung, and he is in much less danger of pleuritis, and of the consequent pleuritic effusions.

If the hernia has just taken place, and there is no strangulation of any moment, no doubt the surgeon ought to attempt its reduction at once by the most gentle pressure; in which effort he might be aided, perhaps, by instructing the patient at the same moment to make a very full inspiration. If this fails, the opening should be carefully enlarged, using for this purpose a grooved director and a probe-pointed bistoury. It is scarcely possible for such herniae to take place except when the muscular coverings are thin; and as it is in general only the fibres of the intercostal muscles which have to be severed, the surgeon will bear in mind their direction, so as to make their *debridement* complete. The delicacy of the structure with which

we have to deal, and the fact that the lung is in actual contact with the pleura-costalis at the point where the strangulation is to be relieved, exact on the part of the operator the greatest care and delicacy of procedure. It is far better that the strangulation should continue than that the lung should be returned after having been bruised and lacerated.

Guthrie says three cases were brought to him after the battle of Waterloo, and that, in pursuance of his advice, none of them were interfered with. Without stating the results more particularly, he declares that this proved "greatly to the advantage of the patients."

It would seem, however, if the hernia is to remain, and its separation by ulceration or sloughing is inevitable, that the more speedily this could be accomplished the better, and that, while it might be improper, owing to the vascularity of this tissue, to remove it by the knife, it would be eminently proper to destroy it at once and completely by the ligature, as was done in my own case. Yet I ought to say that Legonest and Guthrie recommend that it shall be left to take care of itself, only giving to it such protection as may be necessary to prevent its being irritated or chafed.

The second form of hernia is that which, occurring at a much later day after the accident, or without any previous wound of the parietes, is covered by integument, fascia, and pleura, and which seldom if ever becomes strangulated. Indeed this form of hernia, even more rare than the first named, and unattended usually with serious consequences, only deserves mention in order that the surgeon may be warned of the possibility of mistaking it for empyema. If a doubt exists, the diagnosis can always be easily made out by a resort to auscultation.

This secondary hernia is produced in most cases by a mere contusion of the walls of the chest, which has resulted after the lapse of several months in the almost complete absorption of the muscular parietes over the seat of injury.

## Original Communications.

### A NEW DISEASE?

BY CHARLES A. LEE, M.D.

OF PEEKSKILL, N. Y.

It is not often that we are called upon to record the discovery of a new disease, or rather the recognition of one hitherto unknown to nosology. Our improved pathology, and the great advancement in diagnosis, by means of physical exploration, animal chemistry, and the microscope, has revealed certain forms of disease, during the last half century, hitherto unknown to the profession, and has added greatly to the success of practical medicine.

Our friend "Malakoff," the well known medical correspondent of the New York *Daily Times*, has recently communicated to that paper the following account of what is claimed to be a "new disease," or rather one not hitherto known to nosology:—

"The eminent Professor of Clinical Medicine at the School of Paris, Dr. Rousseau, has lately described, in a series of five lectures at the Hotel Dieu, a new and most interesting disease. That is to say, the disease is not a new one, but it now for the first time takes its nosological rank. After a long discussion between doctors, university men, philologists in general, and even Greeks, as to the etymology of the word most proper to characterize the malady, the Greek word *Aphasia* was adopted, but not until the various words *alalia*, *amnesia*, *aphemia*, *aphrasia*, and *anafdia*, had been passed in review and eliminated. This richness of the Greek language in synonyms furnishes to the reader a ready indication of the character of the disease. It is a more or less complete loss of the power of speech.

"M. Rousseau was not the first, in these series of lectures, to give the history of this singular and interesting affection; it had already been brought to the notice of the profession in a more summary way, and under other names, by other professors. But a sufficient number of examples have now been collected to entitle the disease to a place in classical works under a distinct head, and that head the school of Paris has decided shall be *aphasia*.

"In this malady there remains an integrity of the understanding and a normal condition of the vocal cords. Thus, while preserving all his mental aptitudes and all his intellectual wants, a man may be sequestered for weeks from his fellow-creatures, although living in the midst of them, and remaining in everything their equal, with the exception of the use of his tongue. Dr. Lordat, Professor at Montpellier, describes his own case. After a period of mental agitation and of strange nervous symptoms, accompanied by an access of tonsilitis (to which he was subject), he suddenly, although convalescing from his indisposition, found himself deprived of the power of speech. During the first weeks of the malady the patient had only lost the external part of the function of speech; the internal part, the thought and understanding, remained intact. He was capable of performing the same amount of mental labor as before his illness, in fact the mental and physical condition was completely restored, only he could not talk. But gradually, in losing the recollection of the signification of words pronounced, he lost also the recollection of their visible signs. Finally, syntax disappeared from the words; the alphabet remained, but the junction of letters for the formation of words had to be restudied. He was in despair at not being able to read the titles of his most familiar books without spelling them out. His despair, however, did not prevent him from smiling over the absurdity of French orthography. After a few weeks of profound melancholy he perceived one day, to his great joy, that he could read at a distance the titles of the books in his library. From this time forward memory and speech returned, but only fast enough to enable him to notice a change every fortnight. As in other cases, when he first commenced to speak, he confounded words, and for a while said invariably 'handkerchief' for 'book.' The recovery became finally complete. This occurred in 1842, and Dr. Lordat called the disease *alalia*, or *amnésie verbale*.

"Among the dozen authentic cases of *aphasia* on record, Dr. Rousseau related, at greater length than I can here give, the history of the following singular cases:—A lady at Boulogne, who was known for her volubility, and especially for her sharpness of language, was seized suddenly with *aphasia*. The circumstance was soon known throughout the city, and as she was detested by her servants and neighbors, her affliction was regarded as a punishment sent from Heaven. Her servants were rejoiced, for she who had scolded and stormed so much was now reduced to the pronunciation of four words, and those four words, to add to the severity of her humiliation, were the most terrible oath in the French language: *S—n—de D.* No matter what she desired to say, even if it were something polite, nothing but these four terrible words could she get out of her mouth. So that at the end of a year or two she was known throughout the city by the sobriquet of *Madame S—n—de D.* During all the time she remained in perfect health, and conducted her affairs with the same intelligence as before her attack of *aphasia*.

"Another lady, during convalescence from an erysipelas of the face, attended with delirium and grave nervous symptoms, lost, to the great alarm of her friends, the power of speech. As her recovery advanced, however, she began to pronounce a few words, but these were always a repetition of those she heard. As, for example, when asked, 'Will you have a drink?' she replied: 'Will you have a drink?' Thus the sound of the words awakened in her mind the memory of the word heard, and in some sort opened up the furrows in which were concealed the terms of her natural tongue. A lady friend then commenced her

education, and by the system of association of ideas, that is to say, by giving her a word and making her study up all the words which this one recalled, she succeeded, by several months' patient labor, in recomposing her language and her intelligence. This, however, M. Troussseau did not pronounce a case of pure *aphasia*, since there was here a delirium and a loss of intelligence.

"Of two men now in the wards of M. Troussseau, at the Hotel Dieu Hospital, both can pronounce a few words, but these words are not those they desire to pronounce. One of them thus far has been only able to say *couci, couci, ci*, while the other, when asked, 'How are you?' replies, 'Yes;' or 'How old are you?' replies, 'Mamma,' or, 'Do you suffer anywhere?' replies again 'Mamma.' Thus it is continually 'Yes,' or 'Mamma,' to all questions. When asked to write his name on a slate he wrote very well his name, 'Henri Denier,' but when asked to write his two familiar words 'Yes, Mamma,' he wrote again 'Henri Denier.'

"Other peculiarities not less striking than these were observed in the other cases related by Dr. Troussseau. In his conclusions he declared that the cases of *aphasia* pure, that is to say, cases in which there was loss of speech without appreciable lesion of the brain, were much more rare than those with lesion of the brain.

"A discussion is now going on as to the seat of this malady; a discussion which naturally brings up the interminable question as to the location in the brain of the function of speech. M. Broca contends, with a formidable array of evidence, that this function is located, not in the frontal portion of the brain, as generally supposed, but in the posterior part of the third convolution. M. Troussseau combats this theory."

A very remarkable case of loss of speech, connected with hemiplegia, recently came under our notice:—A Mr. G., a laboring man, very passionate and excitable, aged 35, had a violent altercation with one of his neighbors, which finally resulted in a regular fight. Both had been drinking to some extent, though not to intoxication. They had three or four set-to's, at intervals of several minutes—a sort of rough-and-tumble scramble; neither received any severe blows, but both were excited to the highest degree of passion. After it was over, Mr. G. immediately went for a magistrate to get his opponent committed, and spent two hours or more on this business. He afterwards walked over two miles to his residence. His wife noticed nothing unusual in his appearance, except a somewhat excited manner. He retired to bed at his usual hour; rose the next morning with headache, and was soon seized with a paralytic attack—hemiplegia of the right side—with *total loss of speech*.

On visiting him the third day after the attack, we found him perfectly rational; sight and hearing good; pupil of left eye larger than that of the right; power of motion of right arm and leg entirely gone; sensibility not much affected; *loss of speech, entire*. He evidently understood all that was said, and made an effort to answer all questions put to him. These symptoms gradually abated, and by the end of the third month he recovered the use of his arm and leg, and was able to do light work on his farm; but the loss of speech remained, though his mental faculties otherwise seemed perfect. As in the cases above selected, his mental and physical condition was pretty well restored, only he could not talk. At no time was there delirium, or loss of intelligence. At the end of about four months from the first attack he died suddenly in an apoplectic fit. As he was absent from home on a visit no post-mortem was made.

It is, perhaps, in vain to speculate in regard to the precise nature or locality of the cerebral lesion which caused the paralytic attack in this case. The ordinary symptoms of apoplexy were absent; there was no loss of consciousness or feeling, nor any suspension of the functions of the brain, nor were respiration and circulation affected. There was for a considerable time some difficulty in deglu-

tition and swallowing, but the tongue was not drawn to one side when protruded.

Dr. Copland has described a case of loss of speech in a professional gentleman, aged 50, who had for many months lost all power of muttering the most simple articulate sound, and who swallowed substances with the utmost difficulty, or not at all, unless they were conveyed over the base of the tongue. The tongue could not be protruded, and indeed was incapable of motion. The mouth, also, could be opened only imperfectly, but the sense of taste was not affected. He had neither headache nor any other ailment, and no other part was paralysed. He attended regularly to his profession during the usual hours of business, but was obliged to write down all he wished to say. The disease was ascribed to pressure or structural change at the origin or in the course of the lingual and glosso pharyngeal nerves; and the prognosis of suddenly fatal apoplexy was hazarded, which occurred some months after. The *new disease*, however, so called, seems unconnected with palsy, or necessarily any other disease. There are numerous cases on record where the power of using words has been impaired or lost by disease, when the ability to articulate and the powers of perception and judgment remained entire. In the large majority, if not in all these cases, the patient has been sooner or later carried off suddenly by apoplexy. Dr. Spurzheim records two such cases. Dr. Gall quotes two: one reported by Pinel, the other of a soldier sent to him by Baron Larrey. In the first, the patient had forgotten his own name, and that of his wife, children, and friends, although his tongue preserved all its mobility. He could no longer read or write, but nevertheless remembered objects which had formerly made an impression on his senses, and which related to his profession. He frequently pointed out with his finger the files which contained documents that could not be found, and indicated by other signs that he preserved the former train of his ideas entire. In the other case, "it was not his tongue," says Gall, "which was the source of his embarrassment, for he was able to move it with great agility, and to pronounce even a great number of isolated words. It was not his memory either which was in fault, for he showed evident dissatisfaction with himself upon many subjects which he wished to mention. The only faculty in him which was impaired, was that of speech." Three cases are given by Dr. Spurzheim, to prove that there is a special portion of the brain appropriated to the faculty of language, which he supposes expresses merely the feeling and conceptions formed by the various primitive faculties acting separately or in combination. The late Mr. Parrish, whose will gave rise to some very learned medical and legal discussions, seems to have lost almost entirely the power of articulate speech, while his general intelligence was believed to be impaired in a much less degree. We should hardly be willing, then, to say with Troussseau, that in these cases of *aphasia*, while the condition of the vocal cords remains normal, there is often complete integrity of the understanding, inasmuch as the loss of speech rarely occurs, according to his own acknowledgment, without appreciable lesion of the brain.

THE journals announce the death of M. Ribes, Professor of Hygiene at Montpellier.—*Brit. Med. Jour.*

THE LATE SIR B. BRODIE.—A new and complete edition of the works of the late Sir B. C. Brodie will shortly be published by the Messrs. Longman. It will be edited by Mr. Charles Hawkins.—*Dublin Med. Press.*

IN 1862, 19,545 soldiers of the Prussian army were vaccinated. Of these, 16,669 had cicatrices of former vaccinations; 1852 indistinct traces of cicatrices; and 1024 no trace at all. The vaccination was regular and normal in 12,272 soldiers; irregular in 2738; and unsuccessful in 4535.—*Brit. Med. Jour.*

REPORT OF  
 THREE CASES OF GUNSHOT WOUNDS  
 PUNCTURING THE ABDOMINAL CAVITY.  
 By C. S. WOOD, M.D.,  
 SURGEON U.S.V.

The following cases, having come under my direct observation and care, are transmitted with as full particulars as possible, with the hope that they may be of service, at least in a statistical point of view, and in controverting the long established doctrine that all cases of penetrating gunshot wounds of the abdomen are necessarily fatal.

CASE I.—Thomas Murphy, sergeant, 63d Regiment, N.Y.V., wounded at the battle of Gettysburg. Minié ball entered left iliac region, passing directly through abdominal cavity, emerging above crest of right ilium, about three inches from the spinal column. Saw him twenty-four hours after receiving the injury. Found him very prostrate; feeble pulse; cold, clammy skin; vomiting, etc., with faecal matter escaping from both orifices. He was placed in a comfortable position, with cold water applied to the openings, and the free administration of opiates and stimulants, all the while supposing the case would prove fatal in a few hours. Next morning more comfortable; stimulants withdrawn, as some reaction had taken place; beef-tea with full nourishment, and two grains opium every hour, which was almost the only remedy administered at varying intervals during a period of ten days. The bowels were not moved until after the ten days had expired, when an enema of oil and turpentine was given, after which he continued to improve as before, until the expiration of three weeks, when the anterior opening had closed by granulation, and from the posterior one nothing escaped but an occasional flatus. This, too, soon united. He was soon afterwards walking about; bowels had become regular, and there was every indication of a perfect recovery.

II.—Daniel Banta, Lieutenant, 66th Regiment, N.Y.V., wounded at battle of Gettysburg. Minié ball passed through fleshy part of right arm, just below shoulder, entering chest obliquely and laterally, passing across the body, but downwards and backwards, penetrating base of right lung, diaphragm, and intestines in its passage, and emerging on the left side, just below the false ribs, and about midway between spinal column and superior spinous process of the ilium. Had vomiting and involuntary faecal evacuations, the latter continuing several days. Sputa bloody and rust-colored, and faecal matter escaping through abdominal orifice; right arm paralysed from injury of the nerves by the ball, which paralysis remained to some extent for several months. Treatment. Perfect quiet, with large doses of opium or morphine, two grains of the former or one quarter of a grain of the latter every two hours. This treatment was continued for a period of two weeks, at the end of which time he was able to sit up a little in bed, after which his convalescence continued, although very slowly. Has since returned to his regiment, unable to do any duty, but enjoying a comfortable state of health.

III.—Lewis E. Moseley, Private, 61st Regiment, N.Y.V., wounded at battle of Gettysburg, by ball entering below the umbilicus, to the left of the linea alba, passing directly through the abdominal cavity, emerging posteriorly on the left of spinal column, accompanied by a profuse discharge of faecal matter from both openings, with the peculiar faecal odor. Symptoms: great prostration; feeble, fluttering pulse; cold, clammy sweat; cold extremities; constant faintings; with all the symptoms of immediately approaching dissolution. Opium and stimulants were freely administered, simply with a view to relieve his sufferings; under their influence he rallied slightly, and on the fourth day a natural faecal evacuation occurred, mixed with both fresh and coagulated blood. Peritonitis did not supervene; the wounds gradually closed by granulation, and on the thirteenth day he had sufficiently recovered to be removed to

the General Hospital at Baltimore. August 20th, the wounds are entirely closed; the patient is walking about, and considers himself well enough to resume his duties.

SACRAMENTO, CAL., Feb. 16, 1864.

CASE OF SPOTTED FEVER,  
 VEL CEREBRO-SPINAL MENINGITIS, AND AUTOPSY.  
 By A. P. WOODWARD, M.D.,  
 OF VERMONT.

HAVING noticed in some journal within a few months a request that some one would make a record of a post-mortem examination on a case of so-called spotted fever, I have been persuaded to send this to you. A disease is at this time prevailing to some extent in several sections of our country, and especially in New England, which, from its resemblance to the spotted fever of 1810, '11, '12, and '13, has received that name. Several cases have appeared in this vicinity, and in response to the above request I will send a report of a case which recently proved fatal in the town.

Bond, aged nineteen, American, healthy parents, himself supposed to have been so, occupation clerk, was attacked on the night of the twentieth of February with chills, which required considerable effort, by means of hot bricks and bottles of water, etc., to subdue. Throughout the twenty-first, complained of intense headache located in front, and a sharp pain in the lumbar region, lassitude, and a hot, dry skin, which alternated with a cold moisture. Great restlessness, the patient vibrating between the lounge, the bed, and a chair. About six o'clock P.M. a physician was called, who reports: "The patient somewhat flighty at this time, and prescribed a mild cathartic." At three o'clock A.M. of the twenty-second, the patient, becoming quite unmanageable from restlessness, I was requested to visit him. I found him upon a bed which, for convenience in restraining his movements, had been placed in the centre of the room. His face was flushed; pupils contracted; mouth closed; pulse 130. He now seemed more quiet; did not try to get from the bed in my presence; was stupid and indifferent to all questions addressed to him. It had been with considerable difficulty that the little medicine which he had taken was forced down.

I think sight was gone, as I made several attempts to ascertain if it existed, and was not able to satisfy myself that it did. There was no appearance of a rash of any description; I think there was less subultus tendinum than I had witnessed before in similar cases; this was due perhaps to the comatose state. In the other cases that I have seen there was tendency to wakefulness, and a delirium and picking not unlike what is observed in delirium tremens. No opisthotonus, a phenomenon which I have once or twice observed. The treatment was necessarily confined to external applications, as it was next to an impossibility to make him swallow anything. Death occurred on the 24th, at nine o'clock P.M.

Thirteen hours after death.—Rigor mortis present; external surface of limbs mottled and dusky; on the back and neck a general, diffused, dark, sublivid color; calvarium and dura mater with some difficulty separated; turgescence of the vessels of the dura mater very limited, which was very different with the vessels of the arachnoid and pia mater, in both of which the vessels were greatly congested. Thick, firmly adherent masses of newly exuded plasma were pasted upon the surface of the left hemisphere, upon the anterior lobes (base), pituitary body, velum interpositum, and pineal gland. Sinus filled with serum and marked evidence of increased vascularity of the substance of the brain, especially at the centrum ovale majus.

Removing through the laminae the posterior boundary of the vertebral foramen of the second and third dorsal ver-

tebrae, and exposing the dura mater of the cord, it was found externally normal. The arachnoid and pia mater were deeply injected, and here, as within the cranium, were to be seen masses of firmly adherent fibrin. No greater portion of the cord was examined than that specified above, because we believed that the complexion of the case would not be changed by knowing that the inflammation existed above and below the point examined, or had been limited to that spot alone.

Upon opening the thorax a very strong odor of garlic was perceived by all present. The only abnormal organ found was the heart; the left ventricle hypertrophied, and thrice its natural thickness.

No morbid changes were detected in the abdomen; the bowels were inflated with gas which existed before death.

In a few cases there is a frequent desire to urinate. I have only seen it in cases that had been blistered. Some patients are obliged to keep upon the right side. The rash, when it appears, usually arrives about the second day, and is not unlike the rose-colored rash of enteric fever. The majority of patients complain of intense pain in the anterior part of the head, and some of pain in the back alone or in connexion with headache. The attack may be sudden, the patient resorting to the bed early, and early delirium, or it may occupy many days, even a fortnight, the patient lounging about, complaining of headache.

When fully developed the head is usually the part complained of; sometimes, however, the pain is in the abdomen or limbs, in a toe or finger, and may migrate to distant parts. The pupil of the eye is usually dilated; the pulse is very variable, not only in frequency, but also in force and fulness, varying perceptibly often while your fingers are upon the artery.

The same variation may be noticed in the degree of heat and moisture observable upon the surface of the body and limbs. Bowels easily acted upon by cathartics, and often tympanitic.

This fever, whether analogous or not to the spotted fever of 1810, is certainly a nervous fever, as any one may satisfy himself by once beholding it.

## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, NOV. 25, 1863.

DR. H. B. SANDS, VICE-PRESIDENT, IN THE CHAIR.

CONDITION OF TIBIAL ARTERY IN STUMP.

DR. POST presented a small portion of the tibial artery removed from the stump presented at the last meeting; it was remarkable in being completely patent to within only an eighth of an inch of its extremity. He also exhibited a couple of sequestra removed from the lower jaw of a child 2½ years of age. The necrosis was the result of a fall while playing with a clothes-pin. The specimens were only interesting as coming from a patient so young. One of the pieces was removed from the situation of the symphysis, the other from near the angle of the bone.

#### GUNSHOT WOUND OF THIGH.

DR. POST also presented the extremity of the right thigh of a woman whose limb he amputated last Friday. Twenty-five days before the amputation she was shot by the accidental discharge of a fowling-piece, containing a very small bullet, weighing about one-fourth of an ounce. The missile entered the outer aspect of the limb, about a hand's breath above the knee, and took a course forwards and inwards, lodging in the limb. At the time Dr. Post first saw her, shortly after the accident, a portion of bullet, weighing ninety-five grains, and very much flattened and

disfigured, was removed through the opening. A fortnight later, when the amputation was performed, two additional pieces of lead were removed, weighing in the aggregate twenty grains. The fracture was found only to involve the outer half of the lower aspect of the thigh, causing an irregular and ragged opening into the cancellous structure of the bone. At the time of the amputation Dr. Post supposed that the fracture extended down to the articular extremity. One important motive for amputation was the existence of a bed sore, with sloughing over the sacrum.

#### GLANDULAR TUMORS.

DR. POST also presented a series of glandular tumors which he had removed that day from the neck of a young man 22 years of age. The main tumor was situated upon the left side, extending from the posterior part of the mastoid process along the line of the sterno-cleido mastoid muscle to the clavicle. Dr. P. had a suspicion, but not a very firm conviction, that the disease might be a mass of glandular tumors. This suspicion, as has been intimated, was confirmed. The tumor was freely movable in a lateral direction, but not so much so longitudinally, being bound down by the sterno-cleido mastoid muscle. The fibres of this muscle spread over the tumor, expanding to nearly the width of the neck. Some of its fibres had to be divided. The operation occupied over two hours. A series of tumors were removed, and some were left for subsequent operation.

DR. FINNELL referred to a similar operation for removal of glandular tumors, which he had performed some years ago. He first removed one tumor and then found a string of them along the line of, and behind the sterno-cleido mastoid muscle. He removed eleven in all, and still some were left. The operation occupied about an hour. The wound, however, never healed.

#### CRETACEOUS TUBERCLE.

DR. FINNELL presented, on behalf of Dr. Rockwell, of East Windsor, Conn., a small specimen of calcified tubercle of very large size, expectorated by a little girl, who, three weeks after, died of phthisis. The cretaceous deposit gave the indication for cure in one portion of the lung, while the softening of the deposit in another portion of the organ, with its attendant destruction of tissue, caused death.

## FOREIGN CORRESPONDENCE.

LETTER FROM RUFUS KING BROWNE, M.D.

THE BERLIN SCHOOL OF PATHOLOGISTS AND THEORIES  
OF PATHOLOGY.

SEVERAL years ago\* I brought to the attention of a certain circle of medical readers, a brief account of the views and observations of the Berlin School of Pathological Anatomists, as they are presented by Virchow in his Archives, and more compendiously in his Cellular Pathology.† Since then, what I expressed as conviction has become a certainty, so far as the testimony of one's eyes can constitute that event. Being here for some months, and during six of these frequently every day of the week engaged in the examination of morbid tissue, and finding fresh testimony daily of the correctness of the interpretations of this school, I am induced to think that your readers would value some account of it.

The Pathological Institute where these observations in pathological anatomy are incessantly carried on, headed by Virchow, is a part of the great "Charity Hospital" to which are conveyed for dissection and examination all the bodies of the dead who expire therein. This hospital contains some thousands of patients, and the quantity of exanimate material it furnishes to the pathologist is immense, of every variety, from the youngest foetus in utero to the very

\* *Am. Med. Monthly.* Art I. Virchow's Pathological Views, August, 1861.

† *Cellular Pathology*, by Rudolph Virchow. Translated from the German by Frank Chancé.

oldest of both sexes. In this particular it can hardly be exceeded by any similar seat of study in the world; but does not perhaps exceed that of Vienna, where I shall spend some months of this year.

It has a department of physiological chemistry. The branches that are taught in it are physiology, histology, and pathological anatomy. In any correct scheme of study, these, of course, run very much together, and ought to be inseparable. The Institute exists for the one purpose, which the study of all these equally promotes—viz, to ascertain the *true* character of animal tissues, normal or morbid, and the exact nature of the functions of those tissues. The means of research for the first is, of course, the microscope. Most, if not all, of the students are graduated physicians; but those in the department of microscopic anatomy (so far as there is any distinction in the departments) are men intent on the solution of scientific problems, inquirers in an advanced and advancing scientific stage. Some of them are men actively ambitious of ascertaining new facts which shall invalidate received ones, or enable them to explain the latter as errors. It is the distinction of the views accredited here that they are the fruits of the labor and research not of isolated observers, nor of occasional though successful research, but of a number of observers constantly in pursuit of one purpose—that already mentioned. Whatever is known to one is to the others; and most frequently one point, if it have any novelty, is the subject of various and general, though perhaps not formally *combined*, research. I do not imagine a better place of investigation in these respects.

(To be Continued.)

## American Medical Times.

SATURDAY, APRIL 9, 1864.

### SURGEONS IN CHARGE OF HOSPITALS AS MILITARY COMMANDERS.

THE question has again been mooted, "What is the position of a surgeon in charge of a military hospital?" and this time it has been decided in a civil court that he is a military commander. The case is that of *Bennet vs. Jewet*, tried before Judge Dutton, at New Haven, Conn. The defendant is surgeon in charge of a hospital in which plaintiff was a nurse; plaintiff having been guilty of disobedience of orders and other misconduct, was placed in the guard-house by defendant. "In the opinion of the Court the petitioner was under the military command of the defendant, and subject to military discipline by him. For disobedience of orders and disorderly conduct the defendant had a right to confine him in the guard-house. The Court, on this application, could not inquire into the mode or circumstances of that imprisonment. The enlistment in this case was in a form provided by the Secretary of War. The regulation of hospitals is undoubtedly subject to his control. It has been urged by the counsel for the petitioner that no law in Congress has been shown specially authorizing the enlistment in this form of nurses. No particular statute is deemed to be necessary. War must necessarily be attended with sickness and wounds, and the sick and wounded need and demand the first attention of a military commander. In a hospital strict rules are absolutely necessary for the preservation of life. It would be absurd to suppose that a nurse could refuse, at his own caprice, to aid in the amputation of a limb; or, for the

purpose of relieving himself from labor, leave a sick soldier to die from want of attention. In private life these offices may be safely left to the voluntary kindness of relatives and friends, but not in a hospital in time of war. The comfort, and even safety of the suffering, require the enjoyment of the highest military authority on the part of the surgeon. The Surgeon-General of the United States has, therefore, very properly approved this power, and communicated it to his subordinates."

If there is any position in which an army medical officer should have absolute rank, and the power consequent thereon, it is as the head of a hospital. He is here performing a class of duties of which no other officer, whatever his rank, has the slightest knowledge. He is truly "master of the situation," and every consideration of justice and humanity should accord to him the most absolute and unchallenged control. DR. SHRIMPTON thus forcibly states the question:—"Is it not an inevitable consequence, that, as the hospitals are specially destined for the reception and treatment of sick people, they should be under the direction and responsibility of the medical men? Such is the natural conviction of public opinion. But is not this direction, practically, a fiction, and this responsibility an injustice? Can nothing be done to remedy this state of things? Should not the medical men of the hospitals possess all *power* and *possible authority* to carry out the measures which their patients may require? It is a deplorable evil that, by the rules and regulations of the hospitals, the medical men should be deprived of this authority, or that their power should be in any degree weakened by the control of a non-scientific power. Medical men should have a hierarchy of their own in every hospital, to which alone they should be subject."

But notwithstanding the apparent justice and necessity of giving to the surgeon this entire control of the sick in hospital, his claims to be a military commander have heretofore been disregarded. The result has been the frequent occurrence of gross acts of cruelty to the sick, and serious controversies between the medical and line officers have resulted. In the war of the Revolution and of 1812, this evil was the subject of frequent remonstrance by the medical officers. SURGEON MANN, in his *Medical Sketches*, bears the following testimony to the injustice of military interference in hospital management in 1812:—"It was frequently the case, during the war, that commissioned officers of inferior grades intruded themselves into the hospitals without consulting the attending surgeons, and, without their knowledge, ordered out of the wards the convalescent men; and when detected in such unmilitary conduct, justified themselves by claims of superior rank. Officers commanding regiments who had been long in service were guilty of similar misdemeanors. Interferences of this description, at the commencement of the war, were extremely vexatious to the surgeons. In one instance, a Colonel ordered his Quartermaster to take possession of barracks already occupied by the sick, who, weak and infirm as they were, left their beds, and preferred to expose themselves without doors on the ground to being crowded and overrun by healthy, rude men."

The present war found the surgeon in charge of a hospital in the same subordinate position as previously; and we regret to state that officers of the line have occasionally exhibited the same disposition to ignore his rightful authori-

ty. The case of **ASST-SURG. WEBSTER**, which we noticed a few weeks since, is an instance in point, and from the testimony on the trial of **SURGEON SLOAN**, the able and efficient **Assist. Medical Director** of the Department of the East, we learn that such interference is not infrequent. He said:—“It (military interference) had been the source of a great deal of trouble and controversy. It has sometimes counteracted regulations adopted by the Medical Department. All the General Hospitals in this department are governed by certain regulations and instructions. Interference with those regulations, without the knowledge of the Medical Director, has caused a great deal of trouble and annoyance.” We might refer to many other cases, but we shall conclude with the following flagrant example of this interference in the western army.

In June, 1863, **MAJOR-GENERAL GORDON GRANGER**, then in command of the forces at Franklin, Tenn., ordered **Assr-SURGEON BLACK** (belonging to one of the volunteer regiments) to visit Nashville, and go through the hospitals, in order that he might report to him what soldiers were detained in hospital unnecessarily. **DR. BLACK** performed this degrading service without informing the **Medical Director** at Nashville that he was about to do so, and made a report to **GEN. GRANGER**, who forwarded it to **MAJOR-GEN. ROSECRANS** with the following endorsement:—

“The especial attention of the Commanding General is respectfully called to the within report. Unless our men can be returned from hospital promptly I would suggest that the army be disbanded and placed in hospitals so as to give employment to the medical profession. It is impossible to prosecute the war successfully while this fire of would-be surgical commanders is carried on in our rear. Of all the departments of our army the hospital department needs purging most. This is the third report I have had the honor to make upon this important subject.”

This report, with the accompanying endorsement, was forwarded to the **COMMANDING GENERAL, ROSECRANS**, and by him referred to his **MEDICAL DIRECTOR** to ascertain and report upon the facts. Subsequently the report of **DR. BLACK**, with **GEN. GRANGER**’s endorsement, was handed to **DR. F. H. HAMILTON**, who was at that time **Medical Inspector U.S.A.**, on duty in the Department of the Cumberland. After an investigation, he wrote a short note addressed to **MAJOR-GEN. ROSECRANS**, but, having read the note to the **MEDICAL DIRECTOR** of the Department, under advice, it was withheld. **GEN. ROSECRANS** was already sufficiently informed as to the facts by the report of the **Assr-MEDICAL DIRECTOR**, and it seemed advisable at this crisis of an active campaign not to embarrass the commander by pressing upon his attention the consideration of matters of so little moment. The present, however, affords a proper occasion to reproduce this note, which eloquently vindicates the **Medical Staff** from the unjust aspersions contained in the endorsement:—

“I beg leave to unite with **MAJOR-GENERAL GORDON GRANGER** in calling your especial attention to the following endorsement made by him upon a report of **Assr-SURGEON BLACK**, who had been ordered by **GEN. GRANGER**, while the latter was in command of the forces at Franklin, Tenn., to visit the hospitals at Nashville, which order was obeyed and the report made without any communication with the **Assr-MEDICAL DIRECTOR** of the Department, who is in charge of the hospitals at Nashville.

“As the **Medical Inspector** of this Department, whose

duty it is, among other things, to inquire into and report upon the character and conduct of medical officers, I have the honor to state that the **Assr.-MEDICAL DIRECTOR** of this post, **SURGEON THURSTON**, has carefully examined into the supposed causes of complaint referred to in the report of **Assr.-SURGEON BLACK**, and that in my opinion the facts do not justify any censure upon the medical officers in charge of the hospitals at Nashville. The report of the **Assr.-MEDICAL DIRECTOR** on this subject has been forwarded to you already, and you will decide for yourself how far these gentlemen deserve censure. It is certain, however, that nothing in **Assr.-SURGEON BLACK**’s report will justify the language of the endorsement. In a manner which, I protest, is unbecoming an officer and a gentleman, the whole medical profession is assailed. It is insinuated that Surgeons desire that the hospitals should be filled in order that they may be retained in the service; that they have habitually withheld able-bodied men from their commands from base, mercenary motives; and to such an extent had this been practised as to have seriously embarrassed the successful prosecution of the war; that surgeons arrogate to themselves authority which neither written laws nor regulations authorize. Finally, that the hospital department exhibits more incompetency than any other department in the army.

“If you, Sir, think that there is any truth in these charges you will not fail, I trust, to institute at once a most searching investigation, which ought to result, if the charges are sustained, in a thorough purging of the **Medical Staff** under your command; but in the meantime I deem it my duty to say to you that, in my opinion, the medical gentlemen in this department are performing their duties with a zeal, fidelity, and intelligence which merits commendation better than reproof. The little authority which, for the purposes of humanity and the good of the service, has been vested in them, I believe they faithfully exercise, but no more; and it is impossible, in all cases, to determine the secret motives which actuate men in their lives and conduct; yet in view of the rank and pay which our government allows to its medical officers, coupled with the fact that they are the only class of officers in the army of whom previous education and examination with reference to fitness for the special duties which they are now performing have been uniformly required, it is fair to assume that, they are not only quite as competent, but also as little exposed to the influence of mercenary motives as any others.”

We are not aware that any further action was taken in the matter by **GEN. ROSECRANS**; but it is stated that soon after several invalid soldiers were removed from the hospitals in obedience to orders issued by officers of the line; and that most of them were unfit to leave, and one had to be sent to his regiment on a bed.

But we trust and believe that these humiliating records of the abuse and misdirection of power belong to the past. We are making progress in the right direction, thanks to the enlightened and patient efforts of **SURGEON-GENERAL HAMMOND** in behalf of the **Medical Staff** of the army. Among the earliest measures of his administration which insured its adoption by Government was that which made the **Surgeon in charge of a hospital** a military commander. It was a long stride in advance, and secured to Surgeons a consideration which they never before enjoyed. In our review of the trial of **Assr-SURGEON WEBSTER** we brought forward the evidence that the **Surgeon in charge of a hospital** is now recognised as a military commander, and we must be pardoned for referring again to that article. It is of the utmost importance that Surgeons firmly assert and unflinchingly maintain their authority, as was done by **Assr-SURGEON WEBSTER** and **SURGEON JEWETT**.

## THE WAR IN EUROPE.

FROM the medical writers at the seat of war in Europe we glean some interesting facts. Tetanus is quite common, eight soldiers having died of it in Schleswig. Pyæmia did not appear until there was an accumulation of severe injuries in the same wards. Wounds of the chest, in which the ball traversed its semi-circumference subcutaneously, were frequent. Such wounds were not noticed in the Italian war, and are now thought to be due to the difference in the size of the bullets; the rifle bullet of the Danes is of large diameter, and weighs nearly two ounces, while that used by the French and Austrians is but about half the size. The Germans have no regimental hospitals, but instead maintain field or general hospitals, consisting of several detached buildings under the management of one staff of officers. In the hospital under the charge of DR. ESMARCK's Assistant, the wounds are all dressed once only in twenty-four hours, all being thoroughly cleansed with a strong stream of warm water, by means of the irrigator. Where a ball has passed through a limb, the stream of water is made to traverse it, washing out all foreign materials. The wounds are usually dressed with oiled lint, and well covered up with cotton wool. Plaster-of-Paris is universally employed in compound fractures. Resection of hip, elbow, and shoulder were frequent, but amputations have been rarely practised. One surgeon neither amputates nor resects, being governed by the principles of a work which he has recently written. Several sword and bayonet wounds have already been seen.

"The care and transport of every material required for sanitary or hospital purposes in the field is intrusted to a body of men called the Sanitäts Compagnie, who are instructed in some points of minor surgery sufficient to enable them to assist the wounded from the field of battle to the place where the surgeons are to be found." It was matter of interest to observe the organization of this department of the Austrian army. Each waggon belonging to the department is entirely complete in itself, and is capable of furnishing bedding, dressings, and surgical appliances for 150 severely wounded, together with food, wine and spirits, and cooking apparatus, for the same number for twenty-four hours. The ambulance carriages are simple and practical, carrying each two severely or twelve slightly wounded."

## CONFEDERATE SURGERY.

THE *London Lancet*, of March 5, contains a second instalment of the report from "General Military Hospital of Camp Winder, near Richmond, Va.," by Inspector A. J. SEMMES, M.D., "Confederate States Army." There are nineteen cases of wounds of the extremities, twelve upper, seven lower; of the upper, seven involved the humeral region, one humerus and ulna, one radius and ulna, three hand. In the lower extremity, four involved the femur, upper third in two cases, middle one, lower one; one tibia, one fibula, one foot. Of the twelve cases of wounds of upper extremity, six died; of the seven wounds of the lower extremity, five died. Causes of death in the eleven fatal cases were as follows: Secondary haemorrhage four, secondary haemorrhage and scorbutus one, irritative fever one, pyæmia three, tetanus one, gangrene one. There were three resections of humerus, one at shoulder-joint with removal of four and a half inches of the shaft; two recovered and one died. In four cases of gunshot wound of knee-joint three were amputated, of which two died and one was slowly "healing;" one was treated by "position and

irrigation," and is "still doing well." There are two cases of wounds of arteries with secondary haemorrhage, one femoral, in which the main trunk was ligated higher up the limb; no return of haemorrhage, but patient died with symptoms of pyæmia on third day. Second case, wound of axillary in which the wound was successfully plugged. The detail of cases affords nothing of interest.

## Reviews.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, AT ITS ELEVENTH ANNUAL MEETING, held in Baltimore, Md., September, 1863. Published by the Association. Pp. 321.

WE have always watched with interest the workings of this useful Association, and now welcome the appearance of the eleventh volume of its transactions, as evidence of the zeal and industry of its members, trusting that a brief summary of the work will be acceptable to our readers.

Following the minutes of the meeting, a considerable portion of the volume is occupied with a report of the Committee on the Progress of Pharmacy, presented by FERDINAND F. MAYER, Chairman. The report is lengthy, and exhibits a thorough acquaintance with American and European literature. Then follows a report of the Corresponding Secretary, J. M. MAISCH, after which Dr. E. R. SQUIBB, in behalf of the Committee appointed for the purpose, presents a report on the Drug Market. After reviewing the sale and prices of goods, the Committee turns its attention to their quality, which we regret to say is not satisfactory. The specimens for examination "were purchased from the best usual sources of supply in the several cities; that is, those stores where cheap and inferior preparations were known to be sold were avoided, and only those from which the best class of pharmaceutists and the best class of country physicians obtain their supplies were resorted to." Of the six specimens of aether examined, not one agreed with the standard in any two prominent qualities. Of the seven specimens of ether fortior, only two were right in all respects. Of the ten specimens of chloroform, five were so near the standard as to pass for good chloroform. Of the eleven specimens of sweet spirit of nitre, and eleven of compound spirit of ether, all were deficient in essential qualities. Of the eleven specimens of laudanum examined, not one yielded the proper amount of alkaloids. In view of these results the report says:—"From this exhibition of the character of six prominent representative preparations from the market of the class to which they belong, it appears that although not one of them comes fully up to the officinal standard, yet that, by a liberal admission, two of the most important ones may be considered to be nearly right, and to be progressing in the desired direction of becoming entirely right. The three important ones of the remaining four, however, exhibit a low character, discreditable alike to the professions of medicine and pharmacy, and to human nature in general; and those pharmaceutists whose moral perceptions at this day are left keen enough to appreciate the condition of their art, and whose energy is sufficient, certainly have a most enviable reputation and standing within their reach, by opposing the condition of things thus indicated through what appears to be the rarely trodden path of moral rectitude."

Under the head of Special Reports and Essays, Mr. WILLIAM PROCTER, Jun., presents a paper "On the Relative Activity of American and European Aconite Root." A specimen of 5000 grains was selected from each, and both submitted to parallel experiments, when it was found that the aconite from the European specimen weighed 10 grains, and that from the American 21 grains.

Mr. GEORGE C. CLOSE presents a report "On the compara-

tive Advantages of the Leaves and Seeds of *Conium Maculatum*." As the result of his experiments, we learn that from conium leaves one year old (American), no conia was obtained; that recent leaves are about three and a half times as rich as the English, and, about one quarter the strength of the seeds. Recent seeds are about one per cent. stronger than those which are two years old, and fifteen per cent. stronger than German seeds. The proper time for gathering the seeds is when fully formed and retaining their green color.

PROF. JOHN M. MAISCH presents a report "On the Specific Gravity of Aqueous Solutions of Tartaric Acid."

MR. P. W. BEDFORD reports "On the Comparative values of the Commercial Varieties of Buchu Leaves." There are three varieties, known as long, medium, and short. The long and short varieties were submitted to experiment, when it was found that the former yielded an average of 0.66 per cent. of volatile oil, and the latter of 1.21 per cent.

ROBERT P. THOMAS, M.D., Professor of *Materia Medica* in the Philadelphia College of Pharmacy, reports "On the Therapeutic Properties of *Sanguinarina*, and its Acetate and Sulphate." He commenced his experiments by taking, when in good health, pulse at 60, one-twentieth of a grain of the pure alkaloid at nine A.M., and at one, six, and ten P.M., daily, for seven successive days. After two days the pulse stood at 60 in the morning, and 52 or 53 in the evening. On the sixth and seventh days there was a little gastric discomfort. One-tenth of a grain taken four times a day, produced on the second day a feeling of warmth and uneasiness of the stomach, about half an hour after each dose. One-thirtieth of a grain was administered to a girl aged twelve, who had a hard, dry, racking cough; pulse 104. At the close of the fourth day the pulse had fallen to 88, but no very evident change in the cough. The sulphate, in doses of from one-tenth to one-sixth of a grain, generally reduced the pulse after the patient had taken it thirty-six or forty-eight hours. Larger doses produced nausea and vomiting. The acetate produced nearly the same gastric symptoms, with less effect on the pulse. As an expectorant, he recommends a syrup made of contused blood-root, 3 ij.; dilute acetic acid, Oj.; sugar, lbs. ij.; exhaust the root by percolation; add sugar; dissolve by a gentle heat. Prescribe with an equal quantity of syrup of Tolu.

MR. WILLIAM PROCTER, JR., reports on Fluid Extracts. The constantly increasing demand for this useful class of preparations has made its study an important one to the pharmacist; and this report shows that the subject is receiving careful attention. The great desideratum is, to be able to select for each drug its proper solvent, or one that will secure the medicinal constituents, to the exclusion of those that are inert. Mr. P. mentions the solvent and antiseptic properties of glycerine, especially its "solvent power for insoluble or altered tannin, as it exists in kino, catechu, krameria, and cinchona;" also of "acetic acid for the vegetable alkalies; alkaline solutions for the active resins of jalap, scammony, etc. In this direction much has yet to be learned of the effects of alkalies in modifying the therapeutic properties of these remedies." Other interesting reports on the various subjects relating to pharmacy are presented, but our space will not allow of a more extended notice. The book is got up in its usual form, with a good quality of paper, and a fair readable type.

THE MUNICIPAL HOSPITAL, PHILA.—The erection of a Municipal Hospital in this city for contagious diseases, under the commission composed of representatives from the Board of Health, Guardians of the Poor and of the Prison, is now progressing. This hospital is placed upon Hart Lane, near the Lamb Tavern, in the Twenty-first Ward. It will be a very handsome, convenient, and suitable building, and will be completed during the present year, at a cost of less than fifty thousand dollars.—*Reporter.*

## Correspondence.

### A NEW APPLICATION OF ELECTRICITY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The utilization of this mysterious principle continues to occupy the earnest thoughts of subtle and ingenious minds. The discovery of its relationship to magnetism astonished the world scarcely less than that of its identity with lightning; and its application to telegraphy, the most valuable of all, seemed to put the climax to its utility. But new modes of making it subservient to the business and comforts of man are still sought for, and one which was incidentally brought to our attention during a recent visit to Philadelphia, so struck our fancy by its beauty, usefulness, and convenience, that we were induced to pay a visit to the establishment where the idea found development and practice, and where, although a stranger, we found a welcome, and were politely shown the whole matter.

For two years past Mr. Robert Cornelius of that city (the head of the large establishment of Cornelius and Baker) has been devoting his time to perfecting an arrangement for lighting gas as it issues from the ordinary bracket or chandelier, by the electric spark. The method of accomplishing this was apparent to his mind very early, but to bring the apparatus to such perfection as to insure its certain operation at all times and seasons, and under all circumstances and conditions of the weather, was the nice point upon which he has labored with great assiduity and ingenuity, until he has accomplished the desideratum in a manner which may be regarded as nearly, if not quite, infallible. The little apparatus for the purpose forms an additional ornament to each gas bracket or chandelier, and is ever ready for action, so that matches and torches may be wholly dispensed with, wherever it is introduced.

By a very gentle friction of two surfaces, a delicate spark of electricity is generated at the moment of the escape of the gas from the burner, which is instantly ignited. The apparatus consists, in the case of an ordinary bracket, of a small brass conical cup, with an inside lining of lamb's wool and silk, into which is loosely fitted a plug of hard rubber, surmounted by a knob or handle. The slight friction caused by simply lifting this plug from its bed in the cup, generates electricity sufficient for the purpose. This is conducted by a delicate copper chain or wire, covered with silk, to the orifice of the burner, where it is discharged from a platinum point through the jet of gas, and instantly ignites it.

Nothing can be more simple and beautiful, while the cup and chain are a decidedly ornamental addition to the bracket.

In the case of a chandelier with five burners, which we saw, the positive and negative surfaces were arranged in the form of circular disks, about six inches in diameter, lying horizontally in contact with each other. The act of separating these, by slightly raising the upper one, produces a spark which is transmitted to each burner by a separate conductor, and ignites all the jets of gas simultaneously. This action of separating the disks, as well as the "letting on" of the current of gas, is performed by a very neat and ingenious contrivance, a single movement of a stopper being sufficient. It is so arranged also that any one of the five jets may be ignited independently of the others.

From the day when Franklin "eripuit cælo fulmen," to that when Morse united the ends of the earth in an instantaneous bond, scarcely has there been seen a more pleasing and beautiful adaptation of electricity to human comfort and convenience. Though not yet introduced to the business public, permission was accorded us to present it to the readers of the MEDICAL TIMES, and though our description, without a drawing, must necessarily be imperfect, we

trust it is sufficiently clear as regards the principle of its operation. In our judgment this beautiful invention, which will be regarded as a philosophic toy, as well as a household convenience, will soon be esteemed as indispensable as the sewing machine.

The glory of the friction match will then be dimmed, as surely as it extinguished that of the flint and steel and tinder-box. With sulphur and phosphorus dispensed with in our households, we shall hear no more of children mistaking matches for candies, and dying in consequences. All honor, we say, to the philosophic and patient genius of the American artist.

G.

—  
“MILES ON GUNSHOT FRACTURES OF THE KNEE-JOINT.”

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In looking over the AMERICAN MEDICAL TIMES for January 30, 1864, I was attracted by an article bearing the above title. Its extraordinary similarity in style and matter to Prof. Longmore's Essay in *Holmes's System of Surgery*, led me to institute a comparison. I offer the result of my labor in the two columns subjoined, as a contribution to those remarkable coincidences which sometimes occur in medical as in general literature. The same writer—*Act. Asst. Surgeon B. B. Miles, U.S.A.*—in preparing an article on *Erysipelas*, published about one year ago in the “TIMES,” was so unfortunate as to happen upon the same modes of expression and manner of treating his subject—the very words, indeed—which Dr. R. B. Todd had previously used in his lectures upon “Acute Diseases.” These singular coincidences might be construed by uncharitable readers in a manner extremely unfavorable to Dr. Miles, seeing that Prof. Longmore and Dr. Todd have the precedence in point of time. Without assuming to decide the question of plagiarism, I place some extracts from Dr. Miles's article by the side of portions of Longmore's Essay, so that the reader may form his own conclusions.

Miles, in  
American Medical Times. Longmore, in  
*Holmes's System of Surgery*.

These injuries, always numerous in warfare, offer many subjects for the consideration of the military surgeon. No class of wounds includes so many cases that fall under his prolonged care.

As a general rule, primary amputation should never follow ordinary fractures below the knee-joint, from rifle balls; and in gunshot fractures of the thigh in the upper third, the danger attending amputation is so great that the question is open for discussion, whether it is safe to endeavor to save the limb or to amputate.

During the Crimean war particular attention was directed to this question, and it was generally conceded that the advanced experience in conservative sur-

gery would lead to many such cases, terminating favorably with preservation of the limb, which would previously have been amputated.

In the surgical history of the Crimean War we learn that 14 out of 174 cases of compound fracture of the femur among the men, and 5 cases out of 20 among the officers, recovered, and those were selected cases for the experiment of preserving the limb intact. Amputations of the thigh were very fatal in their results, the recoveries of the men being in the upper third 43.3 per cent. of all treated. Among the officers it was more favorable. In considering the results of gunshot fractures of the femur, the situation of the injury is of vast importance in regard to the chances of recovery, either with or without amputation.

advanced experience in conservative surgery would lead to many such cases, terminating favorably with preservation of the limb, which previously would have been subjected to amputation. (Page 78.)

Yet, in the *Surgical History of the Campaign*, it is stated that only 14 out of 174 cases of compound fracture of the femur among the men, and 5 out of 20 among the officers, recovered, without amputation being performed; that those selected for the experiment of preserving the limb, etc., . . . . . Amputations of the thigh, however, were very fatal in their results also, the recoveries being stated to be, amongst the men in the upper third, 12 nine-tenths, in the middle third 40, in the lower third 43 three-tenths per cent., of cases treated. Among the officers the proportion was rather more favorable.

In considering the results of gunshot fractures of the femur, the situation of the injury is a matter of great importance, whether as regards chances of recovery, without or with amputation. (Pages 78, 79.)

In the *Surgical History of the Crimean War* this fact is shown in the results of amputation; but there is no record of these cases without amputation. Dr. Macleod was able to discover only three cases of compound fracture of the upper third of the femur that recovered without amputation.

The femur is the most powerful and most compact in structure of all the long bones of the body, and when fractured, the lesion is generally rendered compound by the direct contact of the missile with the bone; but the fracture is sometimes simple, when caused by indirect projectiles, such as stones and spent balls.

The femur—the earliest formed, the longest, most powerful, and most compact in structure of all the long bones in the body—can only be shattered by a ball striking it with immense force. (Page 78.)

When complicated with fracture, the lesion is usually rendered compound by the direct contact of the projectile with the bone injured; but the fracture is sometimes simple, when caused by indirect projectiles, such as stones, or splinters, or spent balls. (Page 73.)

I need not reproduce the article entire. The same similarity between Miles and Longmore exists throughout, except in one paragraph, which I doubt not equally resembles some other surgical writer.

That these coincidences should have escaped your critical eye, Mr. Editor, can only be accounted for on the supposition that your confidence in medical officers serving in our general hospitals, forbids a too rigid scrutiny into their contributions to medical science.

R. B.

CHATTANOOGA, GA.

PHILADELPHIA.  
*Special Correspondence.*

March 22, 1864.

The schools are closed, the "grinders" have ceased for a time their valuable labors of cramming the foetal medical mind for the hour of parturition in the green-box, and, for a while, we breathe free again. The number of graduates at both the schools was much larger than could have been anticipated, and the Professors inform me that the candidates were fully as well prepared as could have been expected.

Since my last, we have lost another star from the horizon. Prof. Franklin Bache, who has for many years occupied the chair of Chemistry in the Jefferson, died March 19th. Prof. Bache was elected to this position April 6th, 1841, and has worthily filled it ever since. His death was unexpected, though he must have arrived at an advanced age, and his retirement had been repeatedly hinted at. This, with the death of Prof. Robt. P. Thomas, leaves two vacancies, for which a general rush will be made. In connexion with the latter (the Professorship of *Materia Medica* in the College of Pharmacy), several excellent names have been mentioned; it is thought Mr. Parrish, the author of *Parrish's Pharmacy*, will be the successful man. This school has been productive of a vast deal of good, by educating our apothecaries, so that much improvement is now observed among that useful profession, and some confidence can be felt that prescriptions will be properly compounded. Were our own profession true to themselves, and if they would refuse to recommend or patronize any but graduates in pharmacy, quackery would not be enabled to ride "rough-shod" over the profession. At present, in too many instances, the apothecary's store is a mart where can be obtained almost any fancy article, stationery, cigars, and tobacco, liquor under various disguises, patent-medicines for every purpose under the sun, and a few drugs. In fact there is scarcely a druggist but is in the habit of prescribing over the counter, too frequently recommending his own wares in preference to the prescription which is brought for his compounding, and sometimes announcing a series of "cure-alls" which he calls his own, adding the title of "Doctor," without the slightest shade of a diploma, though one could be bought for a mere trifle, with all the "rights and privileges thereunto belonging."

At the last meeting of our County Medical Society, the subject of "Interference in Natural Labor" was discussed, Dr. Atkinson, the Secretary, opening the debate, followed by Drs. Bell, Nebinger, Atlee, of ovariotomy notoriety, and others. The use of instruments in cases of natural labor was condemned, and the whole subject very thoroughly ventilated. This is the last of the conversational meetings of this Association, and the campaign they have just gone through has been particularly successful; all the subjects debated were of special interest, and many of the most prominent physicians participated in the discussions. It is much to be regretted that these debates are not published, as much valuable matter is thus lost to the profession.

The College of Physicians have just issued a new edition of their Constitution and By-Laws, with an amended Fee Bill attached, which is a fine thing on paper. As a general rule, the fees are increased, and they have wisely adopted the plan of placing but one fee, *the maximum* (?), for each operation, etc. Formerly, for instance, the fee for a confinement was "from fifteen to thirty dollars;" now it is thirty dollars. Under the old plan, the courts of justice invariably awarded the lowest fee mentioned; now they have no alternative, and the maximum is obtained.

But how many of the Fellows of the College will adhere to this list of prices, even when the patient can afford it? We opine that the whole affair makes, in their estimation, a good appearance, and with that they are content.

Our military hospitals are models of cleanliness and good order. From all quarters they extort praise and admiration, and consequently are liberally supplied with delicacies, clothing, and other comforts, and even from some of that persuasion who regard the Union with undisguised horror. As a general rule, the surgeons are well prepared for the performance of their duties; and as a vigilant eye superintends the whole, any who are neglectful or incompetent, are speedily displaced by our excellent Medical Director. We have at present the South St. Hospital, an old silk factory, with about 250 beds; the Christian St., with a like number; the Filbert St., about 400; the West Philadelphia or Satterlee, accommodating 2500 patients; the Chestnut Hill, or Mower, about 3000; the Turner's Lane, the Nicetown and the Germantown Hospitals, each of much less proportions. Four of these were built as army hospitals, and are models of the kind, being splendidly ventilated, and supplied with every means to restore the health of the sick or wounded patriots who may be brought under their shelter. In addition, we have an Officers' hospital at Camac's Woods, where officers are furnished with hospital attendance at a reasonable rate.

Philadelphia will long be remembered for her humane institutions, but for none more than her military hospitals and other establishments for the comfort of the soldier.

## Obituary.

DR. WEDERSTRANDT,

OF NEW ORLEANS.

The example which a distinguished and good man bequeathes to mankind is, in some measure, compensatory for the loss which humanity sustains in his death. This sentiment dictates the following brief tribute to the memory of an eminent physician who has recently died in this city, far away from the field of his active professional labors.

Dr. JOHN P. C. WEDERSTRANDT was a native of Baltimore; his father was a Captain in the United States Navy, and a citizen of Louisiana. At an early age he was placed at Mount St. Mary's College, Emmitsburg, where he remained for nine years. He pursued the study of medicine in the office of Dr. Baker, a prominent physician in Baltimore, and he graduated at the Medical College in that city. After his graduation he spent three years in Europe, mostly in Paris, diligently pursuing his medical studies. Returning, he settled in New Orleans, and was soon appointed by the Governor of the State to the post of Resident Physician of the New Orleans Charity Hospital. He held this office, devoting to it all his time and energies, for nearly thirteen years. He resigned the position in 1852, and, from that time to the development of the disease which terminated his life, he was zealously engaged in the duties of a large and laborious practice. Early in the spring of 1863, symptoms denoted the existence of tuberculous disease of the lungs. He came to New York in April of that year; passed the following summer at the residence of a sister, at Islip; returned to the city late in the autumn, greatly prostrated by his disease, and died on the 9th of February, 1864.

Dr. WEDERSTRANDT entered upon his professional career with large wealth, which he had inherited. The temptation to ease and luxury, or to the acquisition of still greater wealth, had no influence upon him. During his residence for thirteen years in the Charity Hospital he lived in the wards and the dead-house. He became a proficient in morbid anatomy, a department of study in which he was deeply interested; but his attention was more especially devoted to the physical diagnosis of diseases of

the chest. He prosecuted this branch of practical medicine with great enthusiasm, and with such success that he became justly pre-eminent as an auscultator. After leaving the hospital, a large share of his practice involved the application of physical methods of examination, and his opinion in diseases of the chest was considered as the highest authority throughout Louisiana and the adjoining States.

As a practitioner, Dr. WEDERSTRANDT labored as few of those who depend upon their professional exertions for support, labor. Night and day were devoted to his patients, the rich and poor alike, and this was continued unremittingly, until his labors were arrested by disease. His was a striking example of an absorbing love of the profession; and his professional life appeared to be directed exclusively to two objects, viz. progressive general improvement, and the welfare of others. He was twice appointed to the position of a teacher in the University of Louisiana, once as Professor of Anatomy, and once as Lecturer on Diseases of the Chest. The duties of this position, however, were not congenial to him, owing to a difficulty which it was difficult to overcome; and, although his services were highly acceptable, he preferred to devote himself entirely to the practical exercise of his profession.

As a man, Dr. WEDERSTRANDT was singularly modest, retiring, and unaffected. A ripe scholar, a learned physician, a skilful practitioner, he preserved withal the guileless simplicity of childhood. In his relations with intimate friends he was peculiarly winning, and a spirit of kindly consideration marked his deportment towards his patients and all with whom he was brought into contact. It may be safely said he had no enemies; it would be difficult for any one to harbor bitterness of feeling towards such a man. He was respected and esteemed alike by the public and his professional brethren. After the act of secession from the Union of his native State, he was one of those who remained quietly but sincerely loyal to the Government; and when, after the capture of New Orleans, the Charity Hospital was found to be without a Board of Trustees, he was appointed by Gen. Butler to effect its reorganization—a duty which he satisfactorily performed.

It was the privilege of the writer of this imperfect memoir to visit Dr. WEDERSTRANDT frequently during his illness, up to the hour of his death. Appreciating fully the progress, in his own person, of the disease which he had studied so thoroughly in others, he was completely resigned to the will of God, although often expressing the wish that his life might be spared for future usefulness. In his gradual decline his interest in medicine was unabated; even within a few days of his death it continued to be a source of pleasure to converse on medical topics, and he often manifested as much enthusiasm as if he were at the threshold of his professional career. In the trying hour of his illness he was abundantly sustained by his Christian faith. He was never married, but all the attentions which affection could prompt during the march of his disease were rendered by two widowed sisters, to whom he was tenderly attached. These and an absent sister, with their children, are all that remain of his father's family.

The remains were taken to Baltimore for burial, the leading physicians of that city acting as pall-bearers. He died in the prime of life, his age being 49 years.

Thus, quoting from a tribute by another, "A sweet and most gentle nature has passed away, leaving behind naught but a record of kindness and charity to his fellow-creatures, and of long years of personal self-denial for their sake." *Requiescat in pace!*

A. F.

**JUNIOR ASSISTANTS TO BELLEVUE HOSPITAL.**—The following gentlemen have been appointed junior assistants in Bellevue Hospital: J. W. SOUTHACK, JR., H. C. ENO, N. DE F. DAY, H. G. RIFFARD, E. G. JANEWAY, W. A. LOCKWOOD, EDWARD FARRELL, H. G. HARRISON, DARWIN EVEREST.

E. BROWN-SEQUARD arrived in this city in the Persia on Wednesday last.

## Army Medical Intelligence.

### ORDERS, CHANGES, &c.

Surgeon Henry A. Martin, U.S.V., has been relieved from duty as Chief Medical Officer, cities of Norfolk and Portsmouth, Va., and will proceed to Newbern, N. C., and report to Surgeon D. W. Hand, U.S.V., for duty in the District of North Carolina.

Surgeon B. B. Breed, U.S.V., has reported for duty at St. Louis, Mo., and been assigned to the charge of the Gratiot Street Military Prison Hospital in that city.

Surgeon H. B. Buck, U.S.V., has been relieved from the charge of the Military Prison Hospital, Camp Morton, Ind., and assigned to duty as Superintendent of Hospitals, Camp Butler, Ill.

Surgeon William Watson, U.S.V., having closed the Jackson Hospital at Memphis, Tenn., is, by order of Assistant Surgeon-General Wood, assigned to the Crittenden Hospital, Louisville, Ky.

Surgeon R. L. Stanford, U.S.V., has been relieved as Superintendent of Hospitals at Knoxville, Tenn., and has reported to Assistant Surgeon-General Wood, at Louisville, Ky., for duty.

Twenty days' leave of absence has been granted Surgeon T. Rush Spencer, U.S.V.

Surgeon L. C. Rice, U.S.V., has been assigned to duty in charge of the Hospital Transport, Charles McDonaghall, at Louisville, Ky.

Surgeon Charles O'Leary, U.S.V., to duty in charge of the General Hospital, Christian street, Philadelphia, Pa.

Surgeon James Bryan, U.S.V., has been relieved from operation of orders assigning him to the Department of Virginia and North Carolina, and will report in person without delay to the Commanding General, Department of the Monongahela, for assignment to duty.

Surgeon Bernard Beust, U.S.V., has been relieved from duty at Pittsburgh, Pa., and will report in person without delay to Assistant Surgeon-General E. C. Wood, U.S.A., at Louisville, Ky., for assignment to duty.

Surgeon John F. Head, U.S.A., will relieve Surgeon W. Grinstead, U.S.V., in his duties at Cincinnati, Ohio. Surgeon Grinstead will report in person to Assistant Surgeon-General R. C. Wood, U.S.A., at Louisville, Ky., for assignment to duty.

Surgeon Gideon S. Palmer, U.S.V., has been relieved from duty in St. Louis, Mo., and will report to Assistant Surgeon-General Wood for duty.

Assistant-Surgeon C. J. Wilson, U.S.A., has been relieved from duty in the Department of Washington, and will report in person to the Commanding General, Army of the Potomac, for assignment to duty.

Hospital Steward Jacob Fensterer, U.S.A., has been transferred from New York to the Army of the Potomac.

Hospital Steward Samuel Haight from Louisville, Ky., to Paducah, Ky.

Hospital Stewards Bradford S. Thompson, from New York, and James H. D. Shaw and K. H. McCarthy, from Washington, D.C., to the District of Key West and Tortugas, Fla.

Surgeon William A. Banks, U.S.V., will report to the Commanding General, Department of Western Virginia, for duties with Batteries B and L, 5th Artillery.

Surgeon A. H. Hoff, U.S.V., has been assigned to duty as Medical Director of Transportation in New York city, relieving Surgeon J. C. Dalton, U.S.V.

Surgeon E. P. Morong, U.S.V., has relieved Assistant-Surgeon J. H. Frantz, U.S.A., as Medical Purveyor at Newbern, N. C.

Assistant-Surgeon Frantz has been assigned to the charge of the Balfour Hospital, Portsmouth, Va.

Surgeon John H. Phillips, U.S.V., to the 1st Division, Cumberland Hospital, Nashville, Tenn.

Assistant-Surgeon J. Sim Smith, U.S.A., to the 2d Division, 5th Army Corps, Army of the Potomac.

Assistant-Surgeon Edwin Freeman, U.S.V., to Columbus, Ohio, attending sick and wounded officers and examining recruits.

Surgeon George W. Hozeboom, U.S.V., to the District of South West Missouri, at Springfield, Mo., as Medical Director of the District.

Surgeon E. W. Pease, U.S.V., has returned from leave, and resumed his duties as Medical Director, Cavalry Corps, Army of the Potomac.

Surgeon F. V. Hayden, U.S.V., has arrived at Washington, D.C., and reported for duty in the Medical Inspector-General's Department.

Assistant-Surgeon W. W. Wythes, U.S.V., has arrived at Knoxville, Tenn., and been assigned to duty at General Hospital No. 4.

Surgeon C. F. H. Campbell, U.S.V., has been assigned to the charge of the Chesapeake Hospital, Fort Monroe, Va.

Assistant-Surgeon J. W. Applegate, U.S.V., to the charge of the General Field Hospital, Morris Island, S. C.

Surgeon S. W. Gross, U.S.V., to Jacksonville, Fla.

Surgeon G. F. French, U.S.V., to Huntsville, Ala., as Post Surgeon.

Surgeon Jabez Perkins, to the Chief of Cavalry, Army of the Cumberland, as Medical Inspector of his command.

Surgeon John T. Carpenter, U.S.V., has been relieved from duty at Cincinnati, Ohio, and ordered to report to Assistant Surgeon General Wood, at Louisville, Ky.

Assistant-Surgeon Bolivar Knickerbocker, U.S.A., has been relieved from duty at Philadelphia, Pa., and ordered to report to the Commanding General, Army of the Potomac.

Assistant-Surgeon S. A. Storrow, U.S.A., has been relieved from duty in the Army of the Potomac, and ordered to report to the Commanding General, Department of the Susquehanna.

Surgeon William S. King, U.S.A., has been relieved from duty as Medical Director, Department of the Ohio, and ordered to report to the Medical Director, Northern Department, for duty as Superintendent of Hospitals at Cincinnati, Ohio.

Assistant-Surgeon Harrison Allen, U.S.A., has been transferred from the Lincoln to the Carver General Hospital, Washington, D.C.

Assistant-Surgeon Cyrus Bacon, U.S.A., has been assigned to duty with the Invalid Corps, Camp Lafayette, Baltimore, Md.

Assistant-Surgeon Robert Bartholow, U.S.A., has been assigned to duty as Medical Inspector and Assistant Medical Director, Army of the Cumberland.

**TO CORRESPONDENTS.**—Dr. RUFUS KING BROWN's paper on "Trichina Disease in Germany," has been received, and will appear next week. We are under great obligations to the author for his timely and interesting communication from Berlin.—**COMMUNICATIONS** have been received and will appear as follows:—"Is Yellow Fever Endemic in New Orleans?" by GEO. M. STEINBERG, Asst.-Surgeon, U.S.A.—"Visit to the Hospitals on the Field of Chancellorsville," by C. K. IRWIN, Surgeon in-Chief, Excelsior Brigade.—"The McPherson General Hospital, Vicksburg," by M. E. WINCHELL, M.D.—**COMMUNICATIONS** have been received from Wm. O'Meagher, M.D., Surgeon 69th N.Y.V.

**DIED.**—DEVLIN.—In New York, on Tuesday April 5, J. HENRY DEVLIN, M.D., of typhus fever. Dr. DEVLIN was one of the Resident Medical Staff of Bellevue Hospital.

**METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.**

Abstract of the Official Report.

From the 28th day of March to the 4th day of April, 1864.

**Deaths.**—Men, 129; women, 122; boys, 116; girls, 114. Children of native parents, 40; foreign, 174; not stated, 16; total, 451. Adults, 251; children, 280; males, 245; females, 236; colored persons, 14. Infants under two years of age, 134.

Among the causes of death we notice:—Erysipelas, 7; albuminuria, 11; apoplexy, 4; infantile convulsions, 25; croup, 16; diphtherite, 11; scarlet fever, 29; puerperal fever, 4; typhus and typhoid fevers, 47; consumption, 69; small-pox, 10; measles, 5; dropsey in head, 17; infantile marasmus, 8; whooping-cough, 5; inflammation of brain, 17; of bowels, 10; of lungs, 41; bronchitis, 6; diarrhoea and dysentery, 13. 268 deaths occurred from acute diseases, and 30 from violent causes. 361 were native, and 180 foreign; of whom 114 came from Ireland; 96 died in the City Charities; of whom 17 were in Believite Hospital, and 11 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

March	SIX A.M.			TWO P.M.			TEN P.M.		
	Minim. Temperature	Evaporation Below.	Banometer.	Wind.	Temperature	Evap. Below.	Banometer.	Wind.	
1864.	c	c			c	c			
29th.	33 35	3 29.98	N.	48 4 29.90	N.	38 2 29.80	N.E.		
30th.	31 32	3/4 29.41	N.E.	34 1 29.34	N.E.	33 0 29.30	N.E.		
31st.	32 33	3/4 29.40	N.E.	35 3 29.50	N. by E.	34 4 29.60	N. by E.		
1st.	34 34	3 29.70	N.W.	47 5 29.70	N.	37 1 29.64	N.E.		
2d.	33 34	2 29.54	N.E.	34 1 29.41	N.E.	33 1/2 29.47	N.E.		
3d.	32 34	3 29.60	N.	44 5 29.70	W.	34 4 29.54	N.W.		
4th.	31 32	3 29.97	N.W.	39 4 29.96	W.	33 4 29.95	W.		

**REMARKS.**—29th, Cloudy. 30th, Rain-storm all day, with light snow and hail a.m. 31st, Storm a.m.; cloudy day. 1st, Clear a.m.; cloudy p.m.; rain late; fresh wind all day. 2d, Rain-storm. 3d, Cloudy, with fresh wind; clear late. 4th, Clear a.m.; cloudy p.m.; wind fresh.

**Brooklyn City Hospital, Raymond St.,**

March, 1864.—The post of Resident Physician will be vacant on the 18th of April. Candidates will please apply to the President, Richard Field, No. 109 Willow street, or at the Hospital.

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